

**PARTICIPANT TYPE.....PREGNANT, BREASTFEEDING, DELIVERED WOMEN**  
**HIGH RISK.....YES**

**RISK DESCRIPTION:**

History of diagnosed preeclampsia

Presence of preeclampsia diagnosed by a physician as self-reported by applicant, participant, or caregiver; or as reported or documented by a physician, or someone working under physician's orders.

**ASK ABOUT:**

- Access to prenatal care
- Prepregnancy BMI
- Understanding of weight gain recommendations for pregnancy
- Weight gain pattern during pregnancy
- Supplements including vitamins, minerals, herbal products and targeted nutrition therapy products
- Typical eating pattern with attention paid to calcium and vitamin D intake
- Alcohol consumption
- Physical activity pattern
- Use of smoking tobacco products

**NUTRITION COUNSELING/EDUCATION TOPICS:**

- Pregnant Women:
  - Preeclampsia is defined as pregnancy-induced hypertension (>140 mg Hg systolic or 90 mm Hg diastolic) with proteinuria developing usually after the twentieth week of gestation. Clinical symptoms may include edema, renal failure, and the HELLP (Hemolysis, Elevated Liver enzymes and Low Platelets) syndrome.
  - Preeclampsia is a leading cause of maternal death and a major contributor to maternal and perinatal morbidity.
  - Women who have had preeclampsia in a prior pregnancy have an increased risk of recurrent (about 20% overall). The risk is greater in women who have had preeclampsia occurring early in pregnancy or who have had preeclampsia in more than one pregnancy. Additionally, maternal prepregnancy obesity with BMI  $\geq 30$  is the most prevalent risk factor for preeclampsia.

## **NUTRITION COUNSELING/EDUCATION TOPICS (CON'T):**

- There is no treatment for preeclampsia. The condition resolves itself only when the pregnancy terminates or a placenta is delivered. Early prenatal care, therefore, is vital to the prevention of the onset of the disease.
  - There are few established nutrient recommendations for the prevention of preeclampsia. However, vitamin D may be important because it influences vascular structure and function and regulates blood pressure. Calcium may also prevent preeclampsia among women with very low baseline calcium intake.
  - Nutrition and other lifestyle behaviors have a protective effect against developing preeclampsia.
  - Encourage gaining the recommended amount of weight based on prepregnancy BMI in order to help return to a healthy postpartum weight.
  - Advise early prenatal care visits.
  - Discuss strategies for adequate calcium and vitamin D.
  - Recommend taking a prenatal vitamin daily.
  - Encourage regular physical activity for 30 minutes per day as advised by primary provider.
  - Recommend smoking cessation and avoiding alcohol consumption.
  - Identify WIC foods encouraged in the Dietary Guidelines for Americans.
- All Postpartum Women:
    - Women who have had preeclampsia are at risk for recurrence of the disease and the development of cardiovascular disease later in life.
    - Determine and discuss an eating pattern for reaching or maintaining a healthy BMI between pregnancies.
    - Encourage regular physical activity for 30 minutes per day as advised by primary provider.
    - Recommend smoking cessation and limiting alcohol consumption.
    - Identify WIC foods encouraged in the Dietary Guidelines for Americans appropriate for the participant's weight goal.

## **POSSIBLE REFERRALS:**

- Refer to the North Dakota Tobacco Quitline (<http://www.ndhealth.gov/tobacco/quitline.htm>) at 1-800-QUIT-NOW or 1-800-784-8669 (1-866-257-2971 for the hearing impaired) or North Dakota QuitNet at <http://www.ndhealth.gov/tobacco/quitnet.htm>.
- Refer to community smoking cessation programs.

<b>POSSIBLE REFERRALS (CON'T):</b>
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- If the participant is taking any non-prescribed vitamin or mineral supplements, herbal supplements, or targeted nutrition therapy products, advise discussing these with the primary care provider.
- If the participant does not have an ongoing source of health care, refer to primary care providers in the community or the local public health department.